

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <u>09/474801</u>		FILING DATE <u>12-29-99</u>	
								CLAIMS			
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/							51			
2		1						52			
3		1						53			
4	/							54			
5		1						55			
6		1						56			
7		1						57			
8	/							58			
9		1						59			
10	/							60			
11		1						61			
12								62			
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41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	4							TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS	11							TOTAL CLAIMS			